

Incentive Award Nomination Form

The nomination must include the following information. Incomplete submissions will be returned. Questions about this process should be directed to: (program coordinator/email/phone number).

The Department of _____ will make reasonable accommodations for persons with disabilities who wish to participate in the Incentive Award Program. To request an accommodation, contact (Program coordinator, address, telephone, TDD and Fax numbers).

[illegible]

Description of outcome, achievement or savings
A description of the outcome, achievement or savings and how it (attach additional sheets if necessary)
a) Exceeds normal expectations for the employee, or group or team of employees, or b) Has an impact on the delivery of service to the public or other customer, or c) Directly and to what degree contributes to the agency's objectives, goals and mission.

Documented Savings
1. The dollar value of the documented savings: \$_____
2. Describe in detail the method used to determine the value:

Signature(s)
Signature of the submitter(s) _____ Date: _____
Address: _____ Phone Number: _____
Signature of the submitter(s) _____ Date: _____
Address: _____ Phone Number: _____

For agency use
Received by: _____ Date Received: _____